

CUSTOMER NETWORK SPECIFICATION WORKSHEET

Hardware/Software Installs

Billing Prefix: _____ Date: _____ DTS Customer Relations Representative: _____

Name of Submitter: _____ Phone Number: _____

CALNET: _____

ACTION TYPE

New Service: ☐

Existing Service: Reconfigure ☐ Upgrade ☐ Disconnect ☐ Other _____

Cluster/Remote ID (PU ID): _____

NETWORK INFORMATION *(Check all that apply)*

Network Type: SNA ☐ Routed (CSGnet) ☐

Control Unit/SNA Emulator Vendor: _____ Model Type: _____

Line Type: Dial ☐ Multi ☐ Mux ☐ Ded ☐ Frame Relay/CIR _____ Other _____

Line Speed: 56.0 ☐ T1 ☐ Other _____

Protocol: SNA ☐ SNA/RJE ☐ TN3270 ☐ Other _____

Control Unit/SNA Emulator Connection: Serial ☐ Token Ring ☐ Ethernet ☐ Other _____

TN3270 Connection: LAN-Based ☐ IBM MVS TCP/IP ☐ Other _____

IP Addresses *(identify the source)*:

DTS ☐ Customer ☐ Other ☐

If you plan to use IP addresses, please list the IP subnet addresses you wish to use:

_____._____._____._____
_____._____._____._____

_____._____._____._____
_____._____._____._____

CUSTOMER NETWORK SPECIFICATION WORKSHEET

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INSTALLATION INFORMATION

Customer Site Address: _____ **Floor:** _____ **Room/Suite:** _____

City: _____ **Zip Code:** _____

Site Contact: _____ **Phone Number:** _____ **CALNET:** _____

FAX Number: _____

Alternate Site Contact: _____ **Phone Number:** _____ **CALNET:** _____

FAX Number: _____

| For DTS Use Only | | |
|---------------------|----------------------------|----------------------|
| S.R. # _____ | Date Received _____ | Analyst _____ |

[illegible]